



**State of Tennessee**  
**Department of Finance and Administration**  
**Bureau of TennCare**  
729 Church Street  
Nashville, TN 37247-0492

**Phil Bredesen**  
Governor

**M.D. Goetz, Jr.**  
Commissioner

## **Memo**

**To: Pharmacy Provider**  
**From: Bureau of TennCare**  
**Date: August 2, 2004**  
**Re: Point of service (POS) edits implementation timeline**

The Bureau appreciates your efforts in serving the beneficiaries of our programs. In an effort to ensure our program maximizes the dollars spent and collected the following POS edits will be phased in over the next few months. These edits will be used to reduce fraud and abuse, assist TennCare in appropriately analyzing and managing pharmacy costs and assist TennCare in collecting the appropriate rebates and supplemental rebates for the TennCare program. For Prior Authorization overrides for gender edit call clinical call center 1-(866) 434-5524. Providers should call the technical call center at 1-(866)-434-5520 for all other questions including overrides for dollar limits on claims. Complete payer specifications may be found at <http://www.tennessee.gov/tenncare/pharminfo.html>.

### **JULY**

- **26<sup>th</sup>** \_\_ Turn on high dose edit - this will be implemented as a soft edit initially.

### **AUGUST**

- **9<sup>th</sup>** \_\_ Implement unit of measure edit - this edit will verify that the quantity submitted is a multiple of the First Data Bank unit of measure. For example, inhalers of 14.8 grams can not be submitted as 15.
- **16<sup>th</sup>** \_\_ Implement edit for match on 1<sup>st</sup> character of the first and last name
- **18<sup>th</sup>** \_\_ Implement dollar limit of \$250.00 on compound claims
- **18<sup>th</sup>** \_\_ Implement dollar limit of \$50,000 on exception claims (Blood factor and other identified products)
- **18<sup>th</sup>** \_\_ Implement dollar limit on non-Compound claims, excluding exception claims of \$10,000.
- **23<sup>rd</sup>** \_\_ Implement gender edit for classes of medication that are deemed gender specific. Use of these gender specific medications in the opposite gender will require an authorization from First Health.

### **SEPTEMBER**

- **13<sup>th</sup>** \_\_ DEA edit for exact match of the provider name and DEA number for controlled substance prescriptions
- **20<sup>th</sup>** \_\_ Implement edit for match on 2<sup>nd</sup> characters of the first and last names
- **27<sup>th</sup>** \_\_ Gross Amount Due - scheduled date for implementation as mandatory field

### **OCTOBER**

- **11<sup>th</sup>** \_\_ Implement edit for match on 3<sup>rd</sup> characters of the first and last names

**The Provider Specification document has been modified to reflect the following changes:**

<b>Field</b>	<b>Field name</b>	<b>S/M</b>	<b>TennCare value supported</b>
31Ø-CA	PATIENT FIRST NAME	S	Required for this program.
311-CB	PATIENT LAST NAME	S	Required for this program.
43Ø-DU	GROSS AMOUNT DUE	S	Required for this program.